

Phone 478-207-2440

CONTINUING EDUCATION AUDIT REPORT

For the Two-Year CE Reporting Period Beginning January 1, 2006 and Ending December 31, 2007

NAME _____ **LICENSE #** _____ **YEAR ISSUED** _____

PLEASE PRINT OR TYPE Be sure to sign, date, and notarize in the space provided. Attach supporting documentation in accordance with Board Rule 220-4.

Institute, Organization, Provider, or Agency Conducting Course	Title of Course or Description of Content	Dates Attended	Number of Total Hours Claimed	Number of Ethics Hours Claimed	Documentation Attached V
Total Hours Claimed					

GEORGIA STATE BOARD OF REGISTRATION FOR FORESTERS
237 Coliseum Drive
Macon, GA 31217
Phone 478-207-2440

CONTINUING EDUCATION AUDIT REPORT

For the Two-Year CE Reporting Period Beginning January 1, 2006 and Ending December 31, 2007

AFFIDAVIT

Sworn to and subscribed before me this _____ day of _____, 200____ .

I certify that the above is true and accurate information and I have attached required documentation.

Signature of Registered Forester

Notary Public _____

Printed/Typed Name of Registered Forester

Daytime Telephone Number _____

License Number _____

Email Address _____

NOTARY SEAL